



Authorization/Notification Request

Requested Services Header

Requested Start Date	11/13/2017	Member Name	BARRETT FAITH	Provider Name	ORGANIZATION OF HOPE
Level of Service	OP - OUTPATIENT/COMMUNITY BASED	Member ID	M501348131	Provider ID	834601
Type of Service	SUBSTANCE USE	DOB	02/17/1968	Provider Alternate ID	600130100
Level of Care	A - OUTPATIENT MDRN			Vendor ID	E073755
Type of Care	MDRN INTAKE INTERVIEW			NPI # for Authorization	1659730034
Date of Initial Contact	10/31/2017			Vendor Medicaid or Alt ID	600130100
Days Waiting for Service	0			Vendor NPI #	1659730034
Admit Date	11/13/2017				
Authorization#	111317-120-5				
Client Authorization #	N/A				
Type of Request	INITIAL				
Submission Date	11/13/2017				

All fields marked with an asterisk (*) are required.

Contact Information

Please provide contact name and phone # of person to provide additional information if needed.

Contact Name **Organization Of Hope** Phone # **443 653 7228**
 Contact Email **organizationofhope@gmail.com**
 Consumer Contact Email _____ Consumer Phone # _____

Additional Required Reporting Data

Ethnicity
 *Is the Consumer of Hispanic, Latina/o or Spanish Origin? **NOT HISPANIC/LATINO**

*Race
 White ☐ American Indian or Alaskan Native ☐ Black or African American ☒
 Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Not Available ☐

*Marital Status **SINGLE**
 *Number of Dependent Children **2**
 *Living Situation **OTHER**
 *Employment Status **VOLUNTEER**
 *Source of Referral **HOME BASED PROVIDER**
 *Primary Source of Income **OTHER**
 *Type of Insurance **MEDICAID (OTHER THAN HEALTHCHOICE)**
 *Mental Health Problems? **NO**
 Pregnant? **NO**
 *Does the Consumer Have a Diagnosis of Tuberculosis? **NO**
 *Tobacco Use in 30 Days Prior to Admission? **NO**
 *Highest Level of School Completed **12 - GRADE 12**
 *Is this Consumer a Veteran? **NO**
 *Number of Arrests Within Past 30 Days **0**
 *Number of Arrests in the Last 12 Months **0**
 *Number of Times in Self-Help Group in Last 30 Days **1-3 TIMES IN THE PAST MONTH (LESS THAN 1**

PER WEEK)

Substance Problems

Primary Substance Problem

*Substance
ALCOHOL

*Date Last Used
10/31/2017

*Frequency of Use
NO USE PAST MONTH

*Usual Route of Administration
ORAL

*Legal Status

*No Legal Status Y

Legal Status

Requested Services

Current Benefit Year Authorization (-)

Place of Service	CPT or HCPC Code	Mod1	Mod2	Mod3	Mod4	Service Class	Description	Visits Requested/Approved
NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY	MDRN2							60/0
NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY	MDRN3							1/0
NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY	MDRN4							12/0
NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY	MDRN5							408/0
NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY	MDRN6							8/0
NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY	MDRN7							250/0
NON-RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY	MDRN0							250/0

Total Visits/
Units 989

Instructions:

This request must include detailed information about CPT/HCPC procedure code(s) and the modifier, place of service, and number of visits/units requested for each procedure.

Note: TOTAL # OF UNITS CANNOT EXCEED 999

Attached Documents

Document Title	Document Description
There are no documents attached with this Authorization Request	

Authorization/Notification Results

Determination Status:

***** PENDED *****

The services requested require additional review. You will be contacted regarding the status of this request if further information is needed. An authorization decision will be made within the required timeframes and details of that decision may be found under the member's authorization history.

Member Name	Member ID	Member DOB	Subscriber Name	Subscriber ID
FAITH BARRETT	M501348131	02/17/1968	FAITH BARRETT	M501348131

Pended Authorization #	Client Authorization #	Type of Request
111317-120-5	N/A	INITIAL

Date of Admission/ Start of Services	Requested From	Submission Date
11/13/2017	11/13/2017	11/13/2017

Level of Service	Type of Service	Level Of Care	Type of Care
OUTPATIENT/COMMUNITY BASED	SUBSTANCE USE	OUTPATIENT MDRN	MDRN INTAKE INTERVIEW

Reason Code
P84

Provider Name & Address	Provider ID	Provider Alternate ID
ORGANIZATION OF HOPE 2510 AFTON ST STE 102 TEMPLE HILLS MD 20748	834601	600130100

Place of Service	CPT	Mod 1	Mod 2	Mod 3	Mod 4	Service Class	Description	Visits Requested/Approved
57	MDRN2							60/ 0
57	MDRN3							1/ 0
57	MDRN4							12/ 0
57	MDRN5							408/ 0
57	MDRN6							8/ 0
57	MDRN7							250/ 0
57	MDRN0							250/ 0
Total Units For Auth 111317-120-5 From 11/13/2017 To 11/13/2018 0								
Total Units Authorized This Episode For 111317-120-5 0								

Message

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